

Consolidated County Expenditures for Selected Health Services

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IN connection with the Rural Health Conservation Contest conducted by the U. S. Chamber of Commerce and the American Public Health Association, enrolled counties annually submit expenditures for certain health services. These data, which include all expenditures within a county or district health unit for the services considered, are not comparable with any previously published material on the same subject. The information collected by the U. S. Public Health Service and the Rockefeller Foundation are concerned only with those health expenditures made by or through the county or district health department, but do not include funds disbursed directly by existing nonofficial health agencies or school districts. For this reason, the figures presented in this article are generally higher than those listed in *Public Health Bulletin* 222.¹

Before presenting the data on expenditures, a few general comparisons are made between Contest counties and the eligible counties that were not entered. Table I presents a comparison of the assessed valuation and revenue receipts of 67 Contest counties with all full-time county health units in existence on December 31, 1934. In Contest counties, the rural population consti-

tutes but 30 per cent of the total population as compared with 61 per cent in all other full-time counties. The average per capita assessed valuation is \$568, and the average per capita revenue receipts \$24 for all United States counties as compared with \$1,380 and \$71 respectively in reporting units. Accordingly, Contest counties are much more urban in character and constitute the better units from an economic standpoint.

Sixty-five counties reported information on expenditures for health programs during 1935. These units contained a population of 3,490,977 and spent in the

TABLE I
ASSESSED VALUATION AND REVENUE OF ALL
ORGANIZED FULL-TIME COUNTY HEALTH
UNITS IN THE UNITED STATES AS OF
DECEMBER 31, 1934

	473 Full time Counties United States (Exclusive of Contest Counties)	67 Full-time Contest Counties
Total Population *	39,567,466	7,717,764
Rural Population *	24,213,898	2,318,646
Per Cent Rural	61.19	30.04
Assessed Valuation †	\$22,496,508,000	\$10,649,963,000
Average Per Capita	\$568.56	\$1,379.92
Revenue Receipts †	\$963,258,000	\$545,914,000
Average Per Capita	\$24.34	\$70.73

* Population figures based on 1932 Census reports
† Financial Statistics of Counties—U. S. Department of Commerce reports 1931 and 1932

TABLE II

PER CAPITA EXPENDITURES (IN CENTS) FOR HEALTH SERVICES *
BY OFFICIAL AND NONOFFICIAL AGENCIES FOR THE SAME FULL-TIME COUNTY HEALTH
UNITS REPORTING FOR THE 2 YEARS 1934 AND 1935

<i>Per Capita Expenditures (in Cents)</i>								
<i>Geographic Areas</i>	<i>Year</i>	<i>Number of Counties</i>	<i>Total Official</i>	<i>Source of Support</i>				<i>Grand Total</i>
				<i>County and County- Towns</i>	<i>State</i>	<i>Federal</i>	<i>Nonofficial</i>	
Northeastern	1934	4	77.9	47.6	19.5	10.8	14.5	92.4
	1935	4	81.3	47.0	21.8	12.5	12.1	93.3
Eastern	1934	15	43.7	29.5	13.4	0.8	3.5	47.3
	1935	15	49.7	33.0	14.4	2.3	3.1	52.8
Southeastern	1934	6	42.6	33.4	3.9	5.3	7.7	50.3
	1935	6	36.1	27.5	5.2	3.4	16.9	53.0
North Central	1934	3	35.9	34.5	1.2	0.2	3.5	39.4
	1935	3	47.3	39.6	1.2	6.5	4.2	51.5
South Central	1934	3	43.2	36.0	6.1	1.1	0.7	43.9
	1935	3	66.7	58.8	6.6	1.3	0.6	67.3
Western	1934	6	84.3	79.0	...	5.3	1.1	85.4
	1935	6	83.4	83.0	...	0.4	2.0	85.4
All Areas	1934	37	62.1	52.3	5.9	3.9	3.6	65.7
	1935	37	65.4	56.3	6.7	2.4	4.9	70.3

* Exclusive of hospitalization, institutional care, medical relief, garbage collection and disposal, and capital expenditures and deficits.

aggregate \$2,200,914, or 63 cents per capita. Official agencies supplied 92.5 per cent of the funds, and 7.5 per cent came from other organizations. County and county-towns bore 79 per cent of the total budget or 49.6 cents per capita; the state 10 per cent, or 6.4 cents per capita, and federal agencies contributed 3.5 per cent, which is the equivalent of 2.3 cents per capita.

Thirty-seven counties reported health expenditures for the 2 years, 1934 and 1935. Table II presents per capita expenditures (in cents) according to source of support. Total expenditures ranged from the high points, 92.4 cents per capita in 1934 and 93.3 cents per capita in 1935 in the Northeastern Division, to the lower limit, 39.4 cents per capita in 1934 and 51.5 cents per capita in 1935 in the North Central Division. The average per capita expenditures for the 37 counties increased from 65.7

cents per capita in 1934 to 70.3 cents per capita in 1935. The greatest increase occurred in the South Central Division where expenditures rose from 43.9 cents per capita in 1934 to 67.3 cents per capita in 1935—an increase of 53.3 per cent. This rise in expenditure was due in the main to the institution of special programs for sanitation, malaria eradication, and rabies control, which were financed by increased local appropriations.

Total official funds for all 37 counties rose from 62.1 cents per capita in 1934 to 65.4 cents per capita in 1935, an increase of 5.3 per cent. In 1934, the Western Section had the highest official support with an average of 84.3 cents per capita, and in the following year, the Western Division also led the several sections with an average of 83.4 cents per capita. Unlike the experience with expenditures, funds from official

sources do not show general increases for all areas. Although the Northeastern, Eastern, North Central, and South Central areas reported increases in official support, the Southeastern Division dropped from 42.6 cents per capita in 1934 to 36.1 cents per capita in 1935, a decrease of 15.3 per cent, and the Western Division shows a slight decrease of 0.9 cents per capita in 1935 under 1934.

Expenditures by counties and county-towns of all sections averaged 52.3 cents per capita for 1934 and 56.3 cents per capita in 1935, an increase of 7.6 per cent for the 37 reporting units. The highest average was attained by the Western Division with amounts equal to 79.0 cents per capita in 1934 and 83.0 cents per capita in 1935. The smallest official expenditures for 1934 were made in the Eastern Division with 29.5 cents per capita, and in 1935 in the Southeastern Division with 27.5 cents per capita.

State subsidies were highest in the Northeastern Section, where they reached 19.5 cents per capita in 1934 and 21.8 cents per capita in 1935. The Western area (6 counties reporting) shows no state support. The average for the group rose from 5.9 cents per capita in 1934 to 6.7 cents per capita in 1935, an increase of 13.6 per cent.

The highest federal aid of an average of 10.8 cents per capita in 1934 and 12.5 cents per capita in 1935, was reported by the Northeastern Division. The North Central Division having an average of 0.2 cents per capita received the smallest federal support in 1934. The Western Division with an average of 0.4 cents per capita occupied the low position in 1935. The drop in federal subsidy in the Western area from approximately \$52,000 to \$4,000 caused the average for the 37 reporting counties to decrease from 3.9 cents per capita to 2.4 cents per capita. With the excep-

tion of the Southeastern and Western Divisions, federal aid increased in 1935 over 1934.

Average nonofficial expenditures for all reporting units rose from 3.6 cents per capita in 1934 to 4.9 cents per capita in 1935. Support from nonofficial sources was sustained best in the Northeastern Division where the average was 14.5 cents per capita in 1934 and 12.1 cents in 1935. The lowest nonofficial support was received in the South Central Division.

Table II indicates that during this 2 year period, when one agency decreased its support, the other groups increased theirs. This is best evidenced by the data for the Southeastern Division where total public funds decreased due to curtailment in local appropriations and federal grants, but nonofficial aid was increased sufficiently not alone to offset these decreases but to cause an ultimate increase of 2.7 cents per capita in the total expenditure for 1935 over 1934.

Table III gives the percentage of support for the 37 counties that was derived from different sources during 1934 and 1935. Total official support in 1934 ranged from a high of 98.8 per cent of total expenditures in the Western Division to a low of 84.3 per cent in the Northeastern Section. In 1934, the Western area continued to receive the greatest official support with 97.7 per cent of its funds coming from county and county towns, state and federal agencies, and the Southeastern Division received the lowest with but 68.1 per cent of its funds from such sources. The average for all areas increased from 90.3 per cent in 1934 to 92.5 per cent in 1935.

County and county-towns made up 74.6 per cent of the total budget in 1934 and 78.7 per cent in 1935 for the 37 reporting counties. The Western Division received the greatest support

TABLE III

PER CENT OF EXPENDITURES FOR HEALTH SERVICES *
 ACCORDING TO SOURCE OF SUPPORT OF THE SAME FULL-TIME COUNTY HEALTH
 UNITS REPORTING FOR THE 2 YEARS 1934 AND 1935

Geographic Area	Year	Source of Support					Grand Total
		Total Official	County and County-Towns	State	Federal	Nonofficial	
Northeastern	1934	84.3	51.5	21.1	11.7	15.7	100.0
	1935	87.1	50.4	23.4	13.3	12.9	100.0
Eastern	1934	92.6	62.5	28.4	1.7	7.4	100.0
	1935	94.1	62.5	27.3	4.3	5.9	100.0
Southeastern	1934	84.7	66.4	7.8	10.5	15.3	100.0
	1935	68.1	51.9	9.8	6.4	31.9	100.0
North Central	1934	91.1	87.6	3.0	0.5	8.9	100.0
	1935	91.8	76.9	2.3	12.6	8.2	100.0
South Central	1934	98.4	82.0	13.9	2.5	1.6	100.0
	1935	99.1	87.4	9.8	1.9	0.9	100.0
Western	1934	98.8	92.5	6.3	1.2	100.0
	1935	97.7	97.2	0.5	2.3	100.0
All Areas	1934	90.3	74.6	10.4	5.3	9.7	100.0
	1935	92.5	78.7	10.2	3.6	7.5	100.0

* Exclusive of hospitalization, institutional care, medical relief, garbage collection and disposal, and capital expenditures and deficits.

with 92.5 per cent of its funds in 1934 and 97.5 per cent in 1935 supplied by local governmental units. The Northeastern area had the smallest local appropriation with 51.5 per cent in 1934 and 50.4 per cent in 1935 from county and county-towns.

State support averaged 10.4 per cent of total appropriations in 1934 and 10.2 per cent in 1935 for the entire group. The Eastern Section had its highest support with 28.4 per cent of its budget coming from the state in 1934 as against 27.3 per cent in 1935. The Western Division received no state aid.

Federal subsidies averaged 5.3 per cent of total funds in 1934 and 3.6 per cent in 1935. The Northeastern Division leads all areas with 11.7 per cent of its budget in 1934 as against 13.3 per cent in 1935 coming from federal sources. In 1934, the North Central Section received the smallest support with but 0.5 per cent coming from federal sources. In 1935, however, the

smallest aid was received by the Western area, with but 0.5 per cent.

Support from nonofficial agencies represented 9.7 per cent of total funds in 1934 and 7.5 per cent in 1935.

The highest percentage is found in the Northeastern area in 1934 with an average of 15.7 per cent, closely followed by the Southeastern Division with 15.3 per cent. In 1935, however, the Southeastern Division received the greater support with an average of 31.9 per cent of its budgets from nonofficial agencies.

SUMMARY

In general, units competing in the Contest are much more urban in character and are the wealthier of all the full-time county health departments.

Those counties which reported expenditures for 2 consecutive years, averaged 65.7 cents per capita in 1934 and 70.3 cents per capita in 1935, an increase of 7 per cent over 1934. Total expenditures ranged from 92.4 cents

per capita in 1934 and 93.3 cents per capita in 1935 in the Northeastern Section, to 39.4 cents per capita for 1934 and 51.5 cents per capita for 1935 in the North Central Division. The increase reported by the South Central Division was due mainly to the institution of special programs for sanitation, malaria eradication, and rabies control, which were financed by larger local appropriations.

Total official funds (county and county-towns, state and federal) averaged 62.1 cents per capita in 1934 or 90.3 per cent of all appropriations as compared with 65.4 cents per capita or 92.5 per cent in 1935.

County and county-town appropriation for the 37 units averaged 52.3 cents per capita or 74.6 per cent of total appropriation in 1934 as compared with 56.3 cents per capita or 78.7 per cent in 1935.

State subsidies were 5.9 cents per capita or 10.4 per cent of total in 1934, as compared with 6.7 cents per capita or 10.2 per cent in 1935.

Federal aid averaged 3.6 cents per capita or 9.7 per cent of total expenditures in 1934 as against 4.9 cents per capita or 7.5 per cent in 1935.

REFERENCE

1. History of Public Health Organizations in the United States, 1908-1933. *Pub. Health Bull.* 222.

More Nursery Schools

SINCE 1932 there has been an increase of 42 per cent in the number of nursery schools in the United States. Forty land-grant colleges and state and privately-supported universities and colleges, 13 liberal arts colleges for women, 18 teachers colleges,

and 6 institutions at the junior college level are now sponsoring nursery schools.

States reporting 10 or more nursery schools are: New York 59, Massachusetts 35, California 30, Michigan 16, Illinois 14, Minnesota 14, Maryland 13, Ohio 13, and Pennsylvania 10.